**HONC**

1. Have you smoked any cigarettes in the past year?
2. Yes (continue with HONC)
3. No (move on to ItU)

***The next questions are about your cigarette smoking. Answerthe following questions about your smoking in the past year.***

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES |  | NO |
| 1) Have you ever tried to quit, but couldn’t?  | 1 |  | 2 |
| 2) Do you smoke now because it is really hard to quit? | 1 |  | 2 |
| 3) Have you ever felt like you were addicted to tobacco?  | 1 |  | 2 |
| 4) Do you ever have strong cravings to smoke? | 1 |  | 2 |
| 5) Have you ever felt like you really needed a cigarette?  | 1 |  | 2 |
| 6) Is it hard to keep from smoking in places where you are not supposed to, like school? | 1 |  | 2 |
| **When you tried to stop smoking... (or, when you haven't used tobacco for a while...)**  |  |  |  |
| 7) Did you find it hard to concentrate because you couldn't smoke? | 1 |  | 2 |
| 8) Did you feel more irritable because you couldn't smoke? | 1 |  | 2 |
| 9) Did you feel a strong need or urge to smoke? | 1 |  | 2 |
| 10) Did you feel nervous, restless or anxious because you couldn't smoke? | 1 |  | 2 |

11. How soon after you wake up do you smoke your first cigarette?

 1. Within the first 30 minutes

 2. More than 30 minutes after waking, but before noon

 3. In the afternoon

 4. In the evening

 5. I have only smoked once or twice

12. Do you find it difficult to refrain from smoking in places where it is forbidden

 (church, library, movies, etc.)?

 1. Yes, very difficult

 2. Yes, somewhat difficult

 3. No, not usually difficult

 4. No, not at all difficult

 5. I have only smoked once or twice

13. Do you smoke if you are so ill that you are in bed most of the day?

 1. Yes, always

 2. Yes, quite often

 3. No, not usually

 4. No, never

 5. I have only smoked once or twice